Grow the Game Grant

1. General Applicant Information

Organization Name:

Program Name (if different):

Contact Name:

Position/Title:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Additional Contact Name:

Title:

Email:

Phone:

2. **Please check which USTA Missouri Valley District you are located** *

- Heart of America
- Iowa
- Kansas
- Missouri
- Nebraska
- Oklahoma
- St. Louis

3. **Have you met with and discussed this program with your local TSR (Tennis Service Representative) or Missouri Valley staff?** *

- Yes
- No - Please contact your Local TSR (Contact Info Below)

4. **USTA Organization Membership Information**

Note: USTA Organization Membership MUST be current.

If your organization is not a USTA Member or the Membership has expired, please call Membership Services at 1-800-990-8782.

*

USTA Organization Member Number:

5. **Please provide a brief explanation of your organization or program specific to the tennis program you are requesting funding for:** *

6. **What area will your program include (please check all that apply):** *

- [ ] Youth Imperative (6-12 age group)
- [ ] Junior Development (Play Days, USTA Junior Team Tennis, Entry Level Tournaments, Middle School High School Players)
- [ ] Program Opportunities for Millennials (18-40)

7. **Ability Level of Participants (Please check all that apply)** *

- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced
- [ ] Tournament Level

8. **Program & Participant Details** *

Program Start Date:	
Program End Date:	
Days Per Week:	
Hours Per Day:	
Years in Existence:	
Estimated Number of participants in tennis program:	
# of past Participants:	
Location of Program:	

9. **Previous USTA Funding:** *

Has your organization/program ever received any National Grant dollars?

Yes
No

Has your organization/program ever received any Section Grant dollars?

Yes
No

Has your organization/program ever received any District Grant dollars?

Yes
No

10. **Please explain how your grant will be used and provide a brief explanation for need for funding support:** *

11. **Please provide brief summary of any community partners that you are collaborating with on this program:** *

12. **Please describe strategies for sustaining this effort. List any additional funding source outlets:** *

13. **Please provide us with your overall goal for your tennis program and objectives for meeting these goals:** *

14. **Annual Tennis funding sources and amounts:**
Please report the dollar amount next to each source of funding that is applicable for the tennis program.
For sources that are not applicable, you must enter $0 in each field. *

Membership Income: $	
Participant Fees: (# participants x fee =): $	
Foundations: $	
Corporations: $	
Service Organizations: $	
Fundraising Events: $	
Local Sponsorships: $	
In-kind Support: $	
Earned Income: $	
Total Income: $	

15. **Please report all tennis program expenses:**
Expense may include, but are not limited to, instructor/organizer wages, equipment, court/facility rental, marketing/promotional materials.
For expenses that are not applicable, you must enter $0 in each field. *

Court/Facility Rental Fee: $

Instructor/Coach Stipend: $

Marketing/Promotion: $

Equipment: $

Other: $

Total Expenses: $

16. **Total Grant Request:**
Please provide the total dollar amount requested by using the following formula:

Total Expenses - Total Income = Total Grant requested

* Note: The maximum amount awarded by the USTA Missouri Valley Serving Up Tennis Grant is $1000). *

Total Expenses: $

Total Income: $

Total Grant Requested: $

17. **Additional Comments:**